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passport size
photograph

HGEA COLLEGE OF PHARMACY

Ghatiyali, Chas, Bokaro

Approved by PCI, New Delhi & Jharkhand Pharmacy Council, Ranchi

APPLICATION FORM

To be filled by the candidate's own handwriting

1. Name of the Candidate : _____

(IN BLOCK LETTERS)

2. Course applied for : _____

3. Date of Birth : _____

(As recorded in H.S.C. Certificate)

4. Nationality : _____

5. Sex : _____ 6. Marital Status: _____

7. Father's Name : _____

8. Permanent Address : _____

M. No. _____

9. Present Address : _____

(For Correspondence) _____

M. No. _____

10. (i) Name of the Qualifying Examination: _____

(ii) Year of Passing : _____

11. Academic details:

SN	Examination Passed	Year of Passing	Board/ University	Marks Secured	%	Division
1	10 th					
2	Intermediate					
3	Other (If any)					

12. Documents and Certificates enclosed:

- | | | |
|-------|---|--------|
| i. | Self attested copy of 10 th Mark sheet | Yes/No |
| ii. | Self attested copy of 10 th Pass certificate | Yes/No |
| iii. | Self attested copy of Inter Mark sheet | Yes/No |
| iv. | Self attested copy of Inter Pass certificate | Yes/No |
| v. | Self attested copy of qualifying examination mark sheet | Yes/No |
| vi. | Self attested copy of caste certificate | Yes/No |
| vii. | College leaving Certificate/ Migration | Yes/No |
| viii. | 8 recent passport size colour photograph | Yes/No |

I..... (Candidate's name) certify that all information furnished by me in this application is true. I undertake that if I am found to have furnished any false information my application shall be cancelled and such other action as deemed legally justified may be taken against me.

Full Signature of Parent/Guardian

Full Signature of Applicant

UNDERTAKING

I Shri.....Resident at.....

do hereby undertake to pay the fees for admission of my son /daughter / spouse / ward.....in the event of his/ her selection or admission and I shall abide by the terms and conditions imposed by the Management of the college regarding payment of fees throughout the period of his/ her study. I further undertake that if the installment due is not paid in proper time as specified. The management may impose late fine as decided from time to time. If the dues are till not realized I have no objection if my studentship of my ward is rejected or any action taken thereof. Further I undertake & declare that if the course is discontinued for any reason, than as per the decision of the Hon'ble Supreme Court of Indian in their judgement "Unnikrishnan Vs. State of Andhra Pradesh", I will pay the total amount of course fee (4 years course fee for B.Pharm or 2 years Course Fee for D.Pharm)

Place:

Date:

Full Signature of Parent/Guardian

Full Signature of Applicant